INCOME CONTRIBUTION AFFIDAVIT

NAME OF DEBTOR LISA CANCELLIERE

CHAPTER 13 CASE # 2 4 - 1 1 8 0 6

I am Roman T. Cancelliere, the person whose name is signed below, hereby swear/affirm that the following are true and correct:

- 1. The debtor(s) named above is Lisa Cancelliere
- 2. I will contribute financial support in the amount of \$800.00 on a monthly basis to the debtor(s).
 - 3. My source of income is my earnings from employment.
- 4. I will contribute to make such contributions to the Debtor(s) for the entire duration of the Chapter 13 plan of the debtor(s).

Date: 08 29 2024

Roman Cancelliere. (signature)

Roman Cancelliere. (print)

Sworn to or affirmed and subscribed to before me by

Roman Cancelliese the Affiant/Contributor identified above, on this 29 day of August, 2024.

Commonwealth of Pennsylvania - Notary Seal Elisabeth M Hopper, Notary Public Bucks County My Commission Expires October 4, 2027 Commission Number 1236912

Notary Public